

APPLICATION DATA SHEET

Application Information

Application Number:: Not yet assigned
Filing Date:: Herewith
Application Type:: Regular
Subject Matter:: Utility
Title:: System and Method for Providing
Personal Control of Access to
Confidential Records Over a Public
Network
Attorney Docket Number:: CMC-007C1
Total Drawing Sheets:: 7
Small Entity?:: Yes
Contract or Grant Numbers:: NO1 LM85629

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Isaac
Middle Name:: S.
Family Name:: Kohane
City of Residence:: Brookline
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 227 Summit Avenue, #W310
City of Mailing Address:: Brrokline
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02145

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Peter
Middle Name::
Family Name:: Szolovits
City of Residence:: Newton
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 219 Lincoln Street
City of Mailing Address:: Newton
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02461

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Italy
Status:: Full Capacity
Given Name:: Alberto
Middle Name::
Family Name:: Riva
City of Residence:: Boston
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 185 Warren Avenue
City of Mailing Address:: Boston
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02116

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Kenneth

Middle Name:: D.
Family Name:: Mandl
City of Residence:: Brookline
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 30 Parkman Street, Apt. #2
City of Mailing Address:: Brookline
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02446

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/410,717	10/01/1999
09/410,717	Claims priority to	60/150,154	08/20/1999

Assignee Information

Assignee Name:: Children's Medical Center Corporation
City of Mailing Address:: Boston
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA